

# UNOFFICIAL COPY

Form LP 108  
(Rev. Jan. 1995)

Filing Fee \$15

SUBMIT IN DUPLICATE!

95904688

File #

Assigned by  
Secretary of State

FILING DEADLINE IS  
PRIOR TO

DEPT-01 RECORDING \$23.00  
T#2222 TRAN 1458 12/28/95 16:34:00  
#2352 # KB \*-95-904688  
COOK COUNTY RECORDER

12/26/95 15:00 MM 0000085805 FILED

10-1-95  
month, day, year

All correspondence regarding this filing will be sent to the registered agent of the limited partnership unless a self-addressed envelope with prepaid postage is included.

GEORGE H. RYAN  
SECRETARY OF STATE  
STATE OF ILLINOIS

BIENNIAL RENEWAL REPORT  
(Illinois or foreign limited partnership)

DO NOT MAKE CHANGES ON THIS FORM. IF CHANGES ARE NECESSARY, AMENDMENT FORM LP 202 (ILLINOIS) OR LP 905 (FOREIGN) AND THE \$25 FEE IS REQUIRED.

- Limited partnership's name: Hampton Plaza Health Care Center Real Estate Limited Partnership
- Address of office where records required by Section 104 (Illinois) or Section 902 (foreign) are kept (P.O. Box alone & c/o are unacceptable): 85555 Maynard, Niles, IL 60714
- File number assigned by the Secretary of State: C006464
- Federal Employer Identification Number (F.E.I.N.): 36-3769396
- Assumed name, if any: \_\_\_\_\_
- Admitting name, if any (foreign only): \_\_\_\_\_
- Registered agent:  
First name Judith Middle name S. Last name Sherwin  
Registered Office: (P.O. Box alone and c/o are unacceptable)  
Number 33 Street W. Monroe St. Suite# 21st Fl.  
City Chicago County Cook State IL Zip Code 60603
- State of jurisdiction: Illinois, if foreign, that this limited partnership is validly existing as a limited partnership under the laws of \_\_\_\_\_ as of this date and that it still exists in Illinois.

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Form LP 1108  
(Rev. Jan. 1995)

I affirm that any entity serving as a general partner for this limited partnership is in good standing in its home state.

The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

Renewal report must be signed by a general partner.

Signature \_\_\_\_\_

*Burton Behr*

Type or print name and title \_\_\_\_\_

Burton Behr, General Partner

Name of General Partner if a corporation or other entity \_\_\_\_\_

(Signature must be in **BLACK INK** on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

#### FORMS OF PAYMENT:

Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State." **DO NOT SEND CASH!**

#### RETURN TO:

Secretary of State  
Department of Business Services  
Limited Partnership Division  
Room 357, Howlett Building  
Springfield, Illinois 62756  
Telephone: (217) 785-8960

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Box  
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